



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: StoneMor GP LLC

SECRETARY OF STATE ID NUMBER: 0912553

STATE OF FORMATION: DE

REPORT FOR THE CALENDAR YEAR: 2022

Filing Office Use Only
E - Filed Annual Report
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4/11/2023 04:58

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Corporation Service Company

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

2626 Glenwood Avenue,

2626 Glenwood Avenue,, Suite 550

Raleigh, NC 27608-1370 Wake County

Raleigh, NC 27608-1370

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Operation of cemeteries and funeral homes

2. PRINCIPAL OFFICE PHONE NUMBER: 8009279800

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

3331 Street Road, Suite 200

3331 Street Road, Suite 200

Bensalem, PA 19020

Bensalem, PA 19020

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

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The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Howard Carver

NAME: Paul Grady

NAME: Lawrence Miller

TITLE: Manager

TITLE: Manager

TITLE: Manager

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

3331 Street Road, Suite 200

3331 Street Road, Suite 200

3331 Street Road, Suite 200

Bensalem, PA 19020

Bensalem, PA 19020

Bensalem, PA 19020

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Lorena Trujillo

4/11/2023

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Lorena Trujillo

Manager

Print or Type Name of Company Official

Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200.00

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

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SECTION E: ADDITIONAL COMPANY OFFICIALS

NAME: Leo Pound

TITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Lorena Trujillo

TITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Jonathan Contos

TITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Robert Sick

TITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Jeffery DiGiovanni

TITLE: Manager

ADDRESS: 3331 Street Road

SUITE 200

Bensalem, PA 19020

NAME: Lilly Donohue

TITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: _____

TITLE: _____

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